

MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT'S

FILING DATE

10/539343

CLAIMS

CLAIMS	AS FILED						AFTER 1st AMENDMENT						AFTER 2nd AMENDMENT					
	IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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46													96					
47													97					
48													98					
49													99					
50													100					
TOTAL IND.													TOTAL IND.					
TOTAL DEP.													TOTAL DEP.					
TOTAL CLAIMS													TOTAL CLAIMS					